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|--|-------------------------------|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>                                |                               | Docket Number (Optional)<br>021911-000510US |
| FY 2007<br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i> |                               |   |
| Application Number 10/774,176  | Filed February 6, 2004        |   |
| For EXPRESSION VECTORS COMPRISING NUCLEIC ACID SEQUENCES ENCODING 5T4 ANTIGEN              |                               |   |
| Art Unit 1644  | Examiner Marianne NMN Dibrino |   |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <b>Fee</b> | <b>Small Entity Fee</b> |              |
|---|------------|-------------------------|--------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                    | \$ _____     |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230                   | \$ 460 _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                   | \$ _____     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                   | \$ _____     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                  | \$ _____     |
| <br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |                         |              |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |                         |              |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |                         |              |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |                         |              |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet. |            |                         |              |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 29,684  
 attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Karen Babiyak Dow  
Signature \_\_\_\_\_ Date October 18, 2007

Karen B. Dow, Reg. No. 29,684  
Typed or printed name \_\_\_\_\_ Telephone Number 856-350-6100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one forms are submitted.

If you need assistance in completing the form, call 1-800-PTO-0199 (1-800-786-9199) and select option 2